

PART B - FEE(S) TRANSMITTAL

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000210 7590 08/08/2006
MERCK AND CO., INC
P O BOX 2000
RAHWAY, NJ 07065-0907
11/06/2006 HDEM052 0000025 132755 10618414

01 FC:1501 1400.00 DA
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Carolyn Coyne	(Depositor's name)
<i>Carolyn Coyne</i>	(Signature)
November 1, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/618,414	07/10/2003	Ben C. Askew	20610YDA	6800

TITLE OF INVENTION: ALPHA V INTEGRIN RECEPTOR ANTAGONISTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRUONG, TAMTHOM NGO	1624	514-269000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Patricia A. Shatynski
2 Mark R. Daniel
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Merck & Co., Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rahway, New Jersey

Assignment recorded on July 14, 2003; Reel/Frame 014260.0757

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-2755. Enclose an extra copy of this form.

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Patricia A. Shatynski

Date 11/1/06

Typed or printed name Patricia A. Shatynski

Registration No. 43,109

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